

c/o 200 Braddell Road Singapore 579700 Email: bca\_skills\_assessment@bca.gov.sg Manpower Development Department: 6248 9845

A non-refundable search fee of \$63.00 (with GST) per worker will be charged.

Facsimile: 6258 0558

Express service

## REQUEST FOR WORKERS SKILLS QUALIFICATION (FOR WORKER'S EMPLOYER ONLY)

N	lotes:	
- 11	IUIES.	

Please tick

- For new worker who just report work in Singapore, employer is required to register him for Identity Verification at BCA (URL: <a href="https://www.bca.gov.sg/ORV">www.bca.gov.sg/ORV</a>). Upon successfully verification, worker's In-Principal Approval (IPA) copy will be endorsed and original skills certificate will be issued to him.
- There is no replacement of certificates. Statement will only be issued to candidates who had passed the test conducted by BCA.

A non-refundable search fee of \$21.00 (with GST) per worker will be charged.

- The statement is only for trade test certificates issued by BCA. BCA will not endorse on replicate certificates issued by BCA's Approved Test Centres.
- Please attach the following photocopy as the support document:

Normal service

- (1) Worker's work permit. **OR**
- (2) In-Principle Approval (IPA) and a printout of Period of Employment (POE) (for returned worker).
- Please pay by Nets / Cash Card / Cash / Credit Card.
- All search fees paid are non-refundable.
- Please note that statements not collected within 3 months after the receipt date will be disposed off.

	If an application is ma	ide for information concerning more than 50 candidates, lopment Department officer will contact the company's representa	·	f the statements.	The statement of information	would be ready for collection 3 w	vorking days (тртт-эртт) after the receipt date.	
Particulars of Can	•	·						
S/No	Name	IC Nos. (for Singaporean, PRC or Malaysian workers) Passport Nos. (for other nationalities)	Nationality	Work Permit No.	Date of Birth	Trade	Level: BBC/ BSC/ SEC/ SEC(K) / CCPT	Test Date
1								
2								
(PI photocopy if insuff	ficient.)							
Company Name: Company U		Company UEN.:	Contact Person:			Contact number;		
	er's representative/ Company	NRIC / Passport Nostamp/ Date	to submit the staten	nents on our company's beha	f.			
Collection								
Statement/s collected	d by:	Name: Signatu	re / Date:					
For Official Use Payment Collection Fee paid: \$	F	Received by/Date: Invoice	No/Date:					
RevDate: 14 Apr	2015							